

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000034339

Entity Name: 4902 TAMARAC LLC

FILED
Nov 05, 2004
Secretary of State

Current Principal Place of Business:

M&T BANK ONE M&T PLAZA
BUFFALO, NY 14203

New Principal Place of Business:

M&T BANK ONE M&T PLAZA
9TH FLOOR
BUFFALO, NY 14203

Current Mailing Address:

M&T BANK ONE M&T PLAZA
BUFFALO, NY 14203

New Mailing Address:

M&T BANK ONE M&T PLAZA
9TH FLOOR
BUFFALO, NY 14203

FEI Number: 42-1572105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HRAWG CORP.
1801 N. MILITARY TRAIL, SUITE 200
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ROSZELL, CAROL S
Address: 517 VALLEY VIEW DR
City-St-Zip: MOUNT VERNON, MO 65712

Title: MGR () Delete
Name: KREISER, SUSAN
Address: 3804 WILDERNESS DR. EAST
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CAROL ROSZELL

MGR

11/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date